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Bib Data Sheet

CONFIRMATION NO. 4788

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/078,676 | <b>FILING OR 371(c)<br/>DATE</b><br>02/21/2002<br><b>RULE</b> | <b>CLASS</b><br>604 | <b>GROUP ART UNIT</b><br>3763 | <b>ATTORNEY DOCKET<br/>NO.</b><br>12013/62001 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/02/2002

|  |  |                                   |                                |                               |                                    |
|--|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <u>                    </u> Initials <u>                    </u> | <b>STATE OR<br/>COUNTRY</b><br>MA | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>25 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
|--|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|

**ADDRESS**

23838

**TITLE**

Pressure apron direct injection catheter

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>964 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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